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Cynanchus

235

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Wm. H. Pail

admitted March 1821

R E Taylor-

admitted March 1821.-

R. E. Taylor

1931-32 Small Birds

Cynanche Trachealis

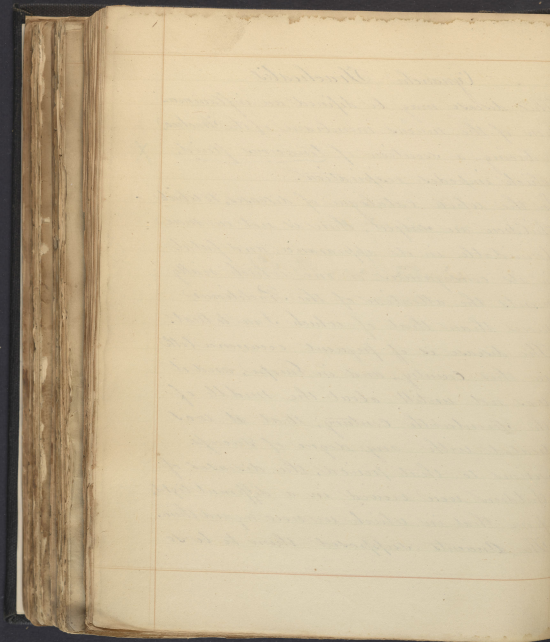
This disease may be defined an inflammation of the mucous membrane of the Trachea, inducing a secretion of tenacious fluid, which impedes respiration. X

In the whole catalogue of diseases, to which children are subject, there is not one more formidable in its appearance, and fatal in its consequences, or one which really merits the attention of the Practitioner, more than that of which I am to treat.

The disease is of frequent occurrence both in this country, and in Europe, and it was not untill about the middle of the Seventeenth Century, that it was treated with any degree of success.

Previous to that period, the diseases of children were viewed in a different light, from that in which we now regard them.

The Ancients supposed them to be so

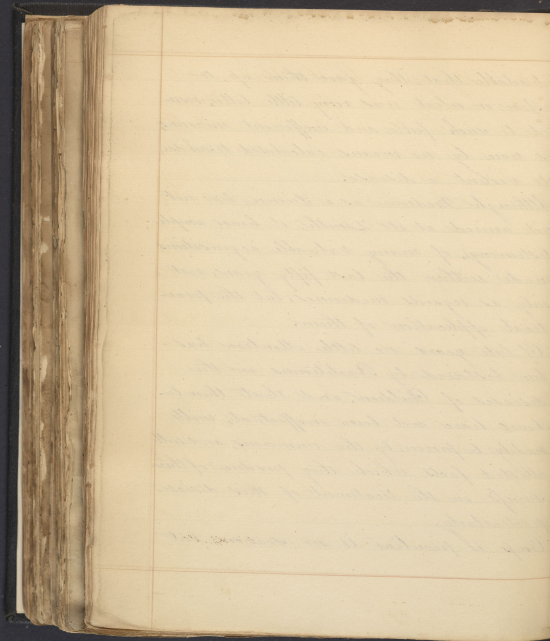


intractable that they gave them up to
nature, or what was very little better, resor-
ted to such feeble and inefficient measures,
as were by no means calculated to subdue
so violent a disease.

Although Medicine as a Science, has not
yet arrived at its Zenith, it bears ample
testimony, of many valuable acquisitions
made within the last fifty years; not
only as regards medicines, but the prac-
tical application of them.

Of late years no little attention has
been bestowed by Practitioners on the
diseases of Children, and that their ex-
ertions have not been ineffectual, will
readily be proved by the numerous, and well
attested facts, which they produce of their
success in the treatment of this disease
particularly.

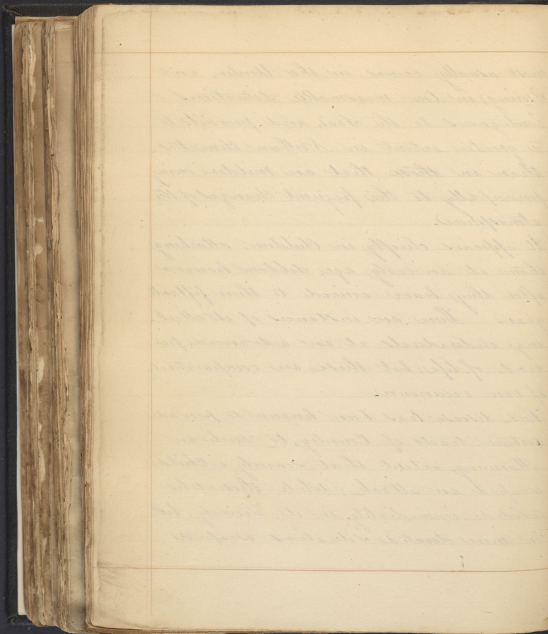
Croup is peculiar to no season; but



most usually occurs in the Winter, and Spring, in low miasmatic situations contiguous to the Sea, and prevails to a greater extent in Northern climates than in those that are milder, owing principally to the frequent changes of the atmosphere.

It appears chiefly in Children, attacking them at an early age, seldom however after they have arrived to their fifteenth year. There are instances of its attacking individuals at an advanced period of life; but these are comparatively of rare occurrence.

This disease has been known to pervade certain tracts of Country, to such an alarming extent that scarcely a Child escaped an attack; while those who resided immediately in its vicinity, but in more elevated situations escaped

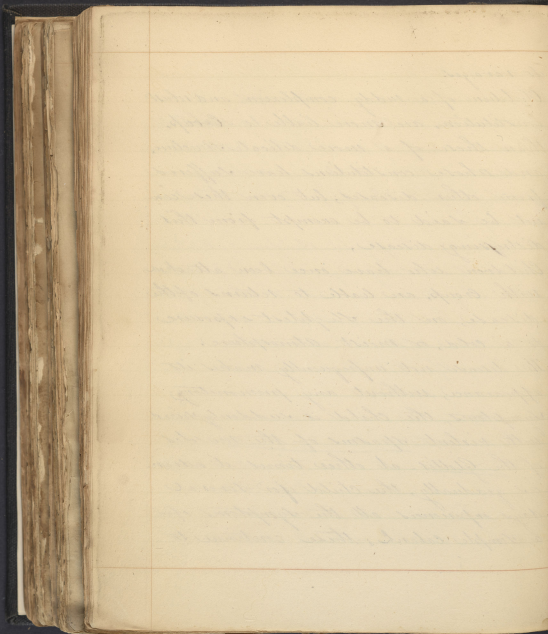


its ravages.

Children of a ruddy complexion and robust constitution, are more liable to Scorbut, than those of a more delicate structure, and whose constitutions have suffered from other diseases; but even these cannot be said to be exempt from this distressing disease.

Children who have once been attacked with Croup, are liable to returns of the disease, on the slightest exposure to a cold, or moist atmosphere.

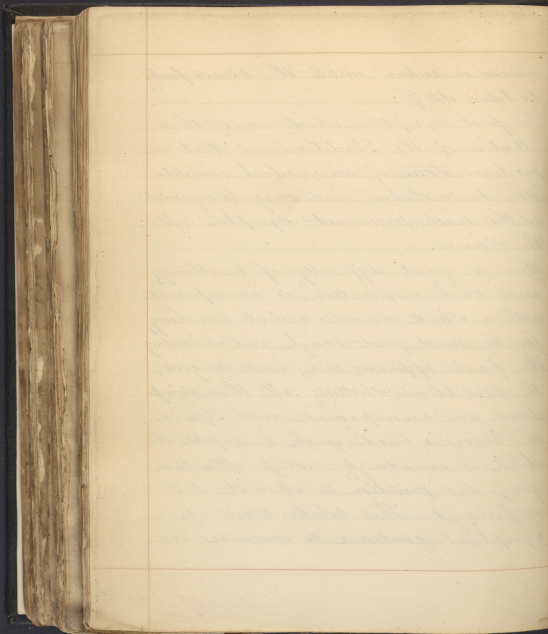
This disease not unfrequently makes its appearance without any promontory symptoms, the child is suddenly seized with violent spasms of the muscles of the Glottis. at other times it advances gradually, the child for several days experiences all the symptoms of a Simple Croup; these continue to



increase in violence untill the disease finally
developes itself.

The first symptom, which arrests the
attention of the Practitioner, is that
peculiar ~~tone~~ of voice, which can sel-
dom be mistaken, and may be regarded
as the most prominent symptom of
the disease.

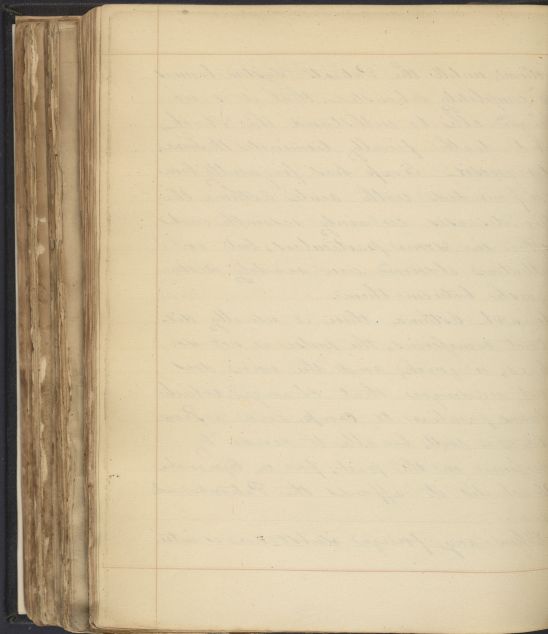
There is great difficulty of breathing,
and each inspiration, is accompanied
with a shrill sound; violent coughing
for the most part rough, and stridulous;
the face appears red, and turgid,
the eyes blood shot; all these symp-
toms are accompanied with Pyrexia
the Pulse is hard, quick, and full, the
Child is exceedingly restless, often chan-
ging his position to allenate his
sufferings. The whole train of
Symptoms continue to increase in



weakness, until the Patient's System becomes so completely exhausted, that it is no longer able to withstand the shock, and death, finally terminates the scene.

Diagnosis- Croup has frequently been confounded with acute Asthma the two diseases certainly resemble each other in some particulars; but an attentive observer can readily distinguish between them.

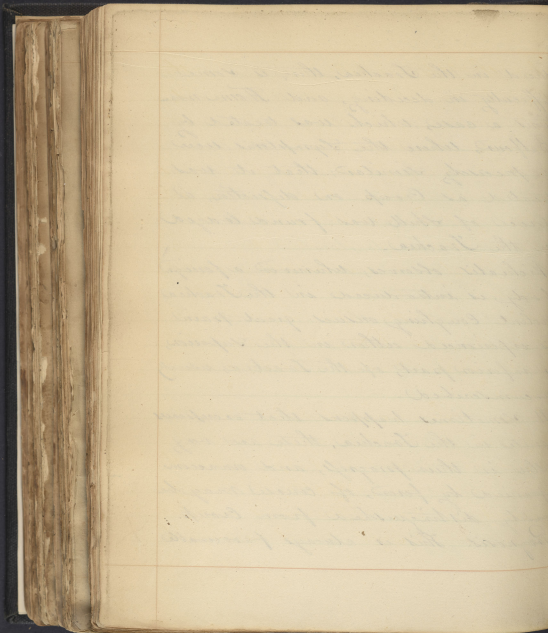
In acute Asthma there is usually distinct remissions, the pulse is not so hard, or quick; and the voice does not undergoes that change, which seems peculiar to Croup, and a Practitioner will be able to decide by pressure on the throat; for in Cynanche Tonsillaris it affords the Patient much pain - When any foreign substance is intro-



duced in the Trachea, there is some difficulty in deciding, and Home mentions a case which was treated by Balfour, where the symptoms were so precisely similar; that it was treated as Croup. on dissection, a piece of Skull was found lodged in the Trachea.

Michaelis observes, whenever a foreign body is introduced in the Trachea, violent Coughing ensues, great pain is experienced either in the Superior, or inferior part, of the Trachea, usually circumscribed.

It sometimes happens that excruciations arise in the Trachea, these are very slow in their progress, and unaccompanied by fever, of course may be easily distinguished from Croup. Prognosis. This is always favourable

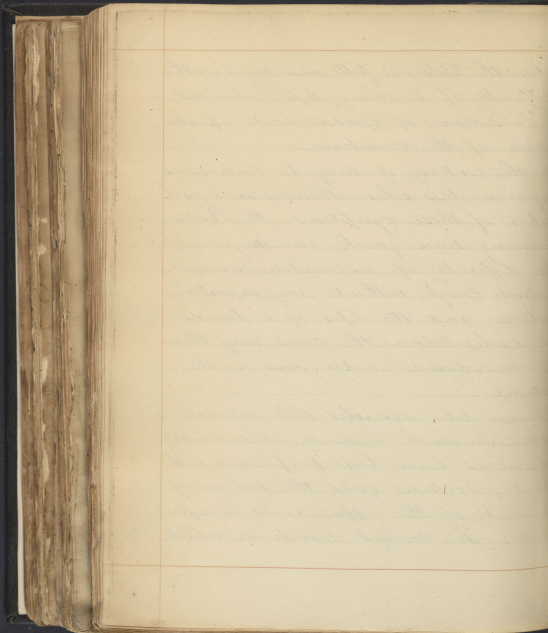


when the Pulse is full, and regular the difficulty of breathing, less laborious, a Subsidence of Spasm, and expectoration of the Membrane.

On the contrary it may be viewed as unfavourable, when there is an aggravation of those Symptoms. the Pulse becoming more quick, and irregular, the difficulty of respiration increased, violent Cough, without any expectoration, and the lips of a livid or dark Colour the Case may then be considered as dangerous in the extreme.

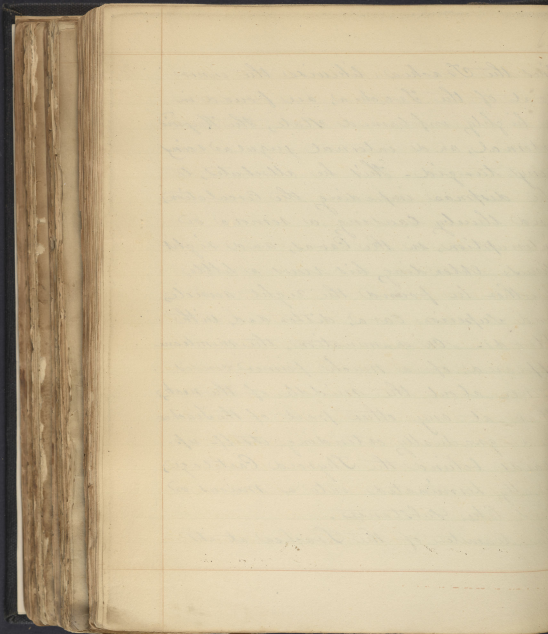
Chyngne who describes this disease with so much accuracy, and whose dissections have been performed with such precision, gives the following account, of the appearances on dissection. - The mucous membrane which

X



lines the Trachea, likewise the inner
coat of the Trachea, are found in
a highly inflamed state, the Thyroid
external, and internal jugular veins
very turgid. This he attributes, to
the dispassa impeding the Circulation,
and thereby causing a remora or
interruption, in the Caras, and right
sinus; Extending his views a little
further he found the right auricle
and superior Caras, distended with
Blood. On examination, the membrane
appeared, of a much firmer consis-
-tence about the middle of the neck,
than at any other part of the Trachea
and gradually extending itself up-
wards behind the Thyroid Cartilage;
finally terminated into a mucus or
pus like substance.

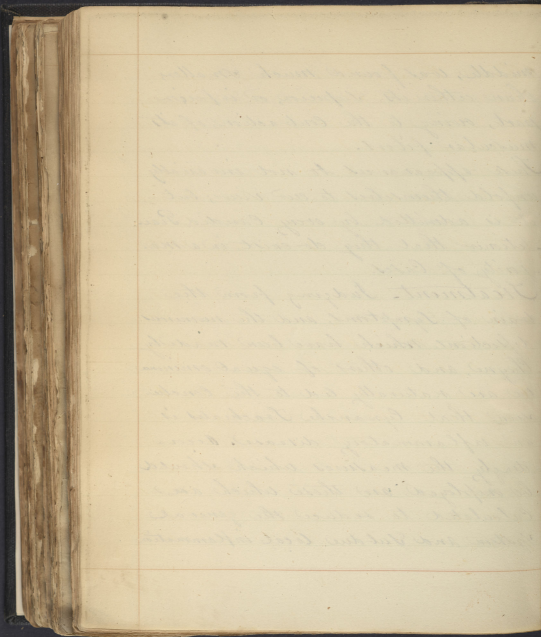
The diameter of the Trachea at its



middle, was found much smaller, than either its superior, or inferior part, owing to the contractions of its muscular fibres.

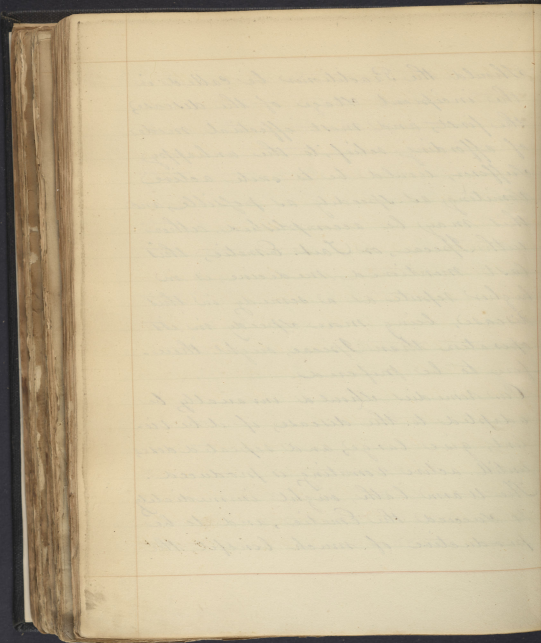
These appearances do not invariably unfold themselves to our view; but it is admitted by every candid Practitioner that they do exist, in a majority of Cases.

Treatment. Judging from the train of Symptoms, and the numerous dissections, which have been made by Cheyne, and others of equal eminence we are naturally led to the conclusion that Cynanche Trachealis is an inflammatory disease. Accordingly the measures which should be employed, are those which are calculated to reduce the general system and subdue local inflammation.



Should the Practitioner be called in the incipient stage of the disease, the first, and most effectual mode of affording relief, to the unhappy sufferer, would be to excite active vomiting, as speedily as possible, and this may be accomplished, either with Ipecac, or Tart. Emetic, this last mentioned medicine, is in higher repute as a remedy in this disease, being more speedy in its operation than Ipecac, ought therefore to be preferred.

Our remedies should invariably be adapted to the disease, if it be violent, give large, and repeated doses, untill active vomiting is produced. The warm bath, ought immediately to succeed the Emetic, and to be productive of much benefit, the



Child must remain in it for the
space of fifteen, or twenty minutes.
If this fail to give relief, resort to
the Lancet; this above all other reme-
dies is the most speedy, and effec-
tual mode, of reducing arterial
action, and relieving Spasm.

Dr. Hume detracted from a child
fifteen months of age, five ounces of
blood, and shortly after repeated
the operation, with entire success.

This at first view might appear a
hazardous mode of proceeding; but
such is the nature of the disease;
it often demands it.

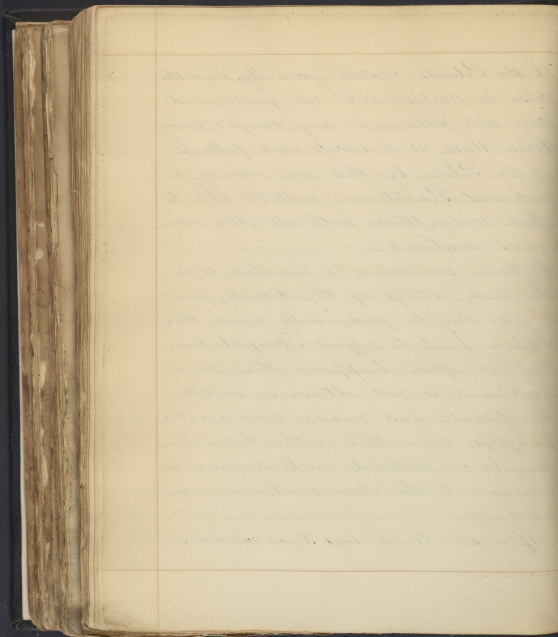
The Lancet is to be used in this
disease, like other remedies, proceed
with caution; but not timidity, and
when the System impetuously calls
for its use never lose sight of it.

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let the Patients System generally, and the Pulse in particular, be our guide, and there will seldom be any danger of doing harm. When there is hardness, and fullness of the Pulse, by this one remedy, a judicious Practitioner, will be able to effect more, than with all other remedies combined.

If these measures be resorted to in the early stage of the disease, provided they be judiciously used they seldom fail to effect a complete cure; but it often happens that medical aid is not obtained, until the disease has made considerable progress, when this is the case it may be so obstinate as to demand a recurrence to the above mentioned remedies.

After the Child has been under a



general treatment, it is not unfrequently
the case, that if we pursue this prac-
tice further, we induce too great debili-
ty. We should resort to topical
applications, as Leeches, and cups, these
may be applied, to some part near
the Trachea.
If the disease is of so violent a form
as to resist all those remedies, we
are advised on the authority of J-
C. n to bleed ad deliquum animis
and he assures us when this prac-
tice is pursued, the disease will be
subdued, let it appear in its most
formidable shape.

The principle reason why Practitioners
are so often foiled in their attempts
to cure this disease; is that their
timidity will not allow them, to carry
the depletory measures to that ex-

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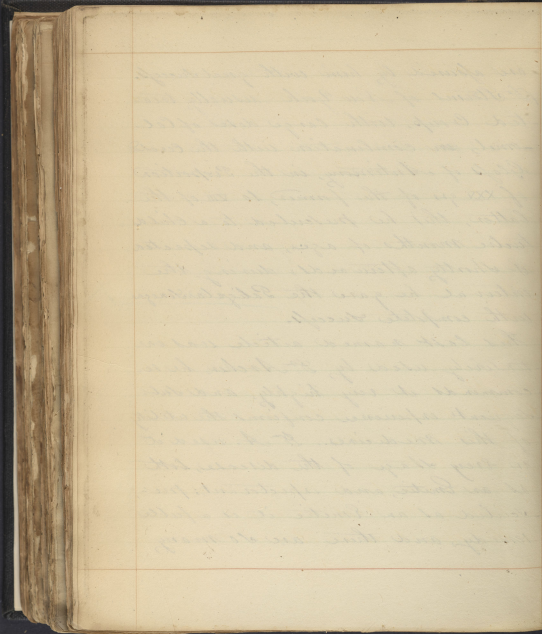
tent which they should be employed.
They are in doubt, whether the infant
system will admit of such harsh
treatment; but it has been demon-
strated in so clear a manner, as
not to admit of the smallest doubt,
that the proportion of fluids to that
of the Solids is much greater in Chil-
dren than in Adults, and they must
as a necessary consequence allow of
more extensive depletion in the same
proportion.

With regard to the practical utility
of Calomel, there can be no doubt, it
was extensively used by Dr Rush
and he attributes its efficacy in this
disease, to some peculiar action in-
dependent of purging.

By Dr Hamilton the same course
of practice was pursued, and we

are assured by him with great success.
Dr. Stearns of New York usually treated
Croup, with large doses of Cal-
omel, in combination with the Eucalyp-
toli of Antimony, in the Proportion
of ~~xxx~~ grs of the former, to ~~viii~~ of the
latter, that he presented to a child
twelve months of age, and repeated
it shortly afterwards, during the
interval he gave the Pelagiala Sonega
with complete success.

This last named article was ex-
tensively used by Dr. Archer, he re-
commends it very highly, and sub-
sequent experience confirms the utility
of this medicine. Dr. A. used it
in every stage of the disease, both
as an Emetic, and expectorant; pre-
scribed as an Emetic it is a full
remedy, and there are so many



other medicines belonging to that class,
so far superior to it that Practitioners
seldom resort to it with that view,
as an Expectorant it serves its purpose
as a remedy in this disease.

The Antimonial wine, presented as
an expectorant, is an efficacious rem-
-edy, in this stage of the disease, and
is much resorted to.

When the arterial system has been
subdued by the warm bath Emetics
N.S and the other remedies which I
have previously mentioned. then ap-
ply Blisters and Symplicisms to the
Neck or Breast in either situation blisters
act extremely well.

If after all the remedies within our knowl-
edge have been fairly tried and found
ineffectual the last and only resource
is the operation of Bronchotomy.

(11)

Inaugural dissertation

on

Cynanthe Trachocly

by William J. Coleman

admitted March 10th 1821

